MARYLAND COMMISSION ON KIDNEY DISEASE

THE CONNECTION

VOLUME 6 ISSUE 1 MARCH 2007

MESSAGE FROM THE CHAIRMAN

As the newly elected Chairman of the Maryland Commission on Kidney Disease, I would like to thank my predecessor, Dr. Jeffrey Fink, and the other Commissioners for their hard work, dedication and fairness in assuring quality care for Maryland residents with end-stage renal disease (ESRD). There are still issues to be addressed in 2007 and with the cooperation of the Maryland renal community and State agencies, these issues will be resolved.

An issue of great concern is that some dialysis staff members may be unfamiliar with their facility's emergency policies. Code preparedness is essential as the dialysis population has become older and patients have coexistent cardiovascular problems. It is now highly recommended that each dialysis facility have an AED available on the premises. Dialysis staff members need to be trained in its use along with CPR. If possible, patients should be medically stabilized at the facility before outside emergency help arrives. The Commission has the responsibility to assure that each facility adequately provides satisfactory code preparedness training to all of its staff members.

Another issue, which has been noted on some facility surveys, is the unintentional noncompliance with physician orders. Failure to properly implement documented physician orders by facility staff can result in increased patient morbidity and even mortality during dialysis treatment. One of our objectives this year will be to help identify the most common compliance errors and encourage facilities to correct them.

Finally, the Commissioners would like to commend the dialysis facilities and staff for providing safe and effective dialysis treatment to their patients. We stand ready to assist patients, facility staff and physicians in resolving medical and administrative problems, patient grievances, and interpretation of regulations when necessary. As Commission Chairman, I look forward to working with members of the Maryland renal community and State agencies to find solutions to problems affecting the health and safety of ESRD patients.

By: Roland Einhorn, M.D., Chairman

COMMISSION MEETINGS

The Commission on Kidney Disease will be meeting on the following dates in 2007:

April 26, 2007

July 26, 2007

October 25, 2007

The Commission meets at the Department of Health and Mental Hygiene, 4201 Patterson Avenue Baltimore, MD 21215. The Open Session of the meeting begins at 2:00pm and is open to the public. For further information regarding these meetings, please contact the Commission office at (410) 764 4799.

INSIDE THIS ISSUE:

COMMISSION NEWS

COMMISSION WEBSITE

www.mdckd.org

Find the latest Commission information: meeting dates, new facility information, complaint forms, regulations, Governor's report and past and current newsletters.

PATIENT EDUCATION REGARDING ACCESS CARE

The Maryland Commission on Kidney Disease urges all facilities to provide ongoing education to patients regarding access care. Facilities should include instruction to patients regarding signs and symptoms of infection, checking grafts/fistulas for patency and information regarding emergent care for bleeding accesses.

MARYLAND BOARD OF NURSING

The Maryland Board of Nursing (MBON) is currently developing new regulations that address the practice of the Certified Nursing Assistant (CNA). These new regulations would include the CNA-DT. In addition, the MBON is also developing new regulations and addressing the Code of Ethics that the CNA and the Certified Medication Technician (CMT) would be held to. The Board's web page (www.mbon.org) will contain updated information to the community as the draft regulations are developed. The Dialysis community may wish to monitor the MBON web page for updates.

According to the Maryland Board of Nursing, RNs may not delegate alteration of the dialysis bath. Therefore, any addition of additives such as potassium to the acidified bath may not be performed by anyone other than the nurse.

CITATION FREE SURVEYS

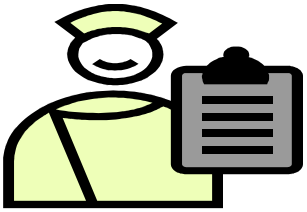
The Commission is commending the following citation free facilities:

- Davita Easton
- Holy Cross Hospital Dialysis
- Davita Towson
- Good Samaritan Dialysis at Cromwell
- IDF Lions Manor

It is an achievable goal, and should also be the goal of each facility in this New Year. CONGRATULATIONS for a job well done!

NETWORK 5 GOALS AND OBJECTIVES

Dialysis facilities are urged to embrace a "culture of safety" and initiate specific measures to enhance safety such as: maintain an updated patient medication list, use a standardized abbreviation list, use stickers to warn of allergies and/or anticoagulation therapy (in addition to treatment-related heparin), post a list of "drugs to avoid in ESRD patients" in the dialysis unit, and track adverse effects/incidents.



FEDERAL REQUIREMENT

According to the Federal Regulations each facility is required to have a nurse in charge of nursing services. If your facility's nurse in charge of nursing services leaves the facility, the facility's governing body must immediately appoint another qualified nurse to serve in this capacity—**Federal citation V431.**

TRANSPLANT SYMPOSIUM—MARK YOUR CALENDARS!!

The Maryland Commission on Kidney Disease, Johns Hopkins Hospital Transplant Center and the University of Maryland Transplant Center will be hosting the second annual Transplant Symposium on Tuesday, **September 18, 2007.**

HOME HEMODIALYSIS GUIDELINES

Guidelines for Home Hemodialysis have been developed in response to the growing number of facilities starting home hemodialysis programs and the renewed interest in the modality. These guidelines address home dialysis regulations, services that must be provided including training and monitoring. The guidelines are posted on the Commission website and are available, upon request, from the Commission office.

FACILITIES APPLYING FOR CERTIFICATION

The following facilities have applied for certification with the Commission, for KDP reimbursement purposes:

- Good Samaritan Hospital Dialysis at Harford Gardens
- Davita Aberdeen Dialysis

Both the above stated facilities have been certified and are in good standing with the Commission.

TISSUE TYPING FOR DIALYSIS PATIENTS AWAITING RENAL TRANSPLANTATION

Renal transplantation is the culmination of the efforts of many diverse and dedicated individuals whose expertise evaluates, maintains and ultimately transplants those patients requiring a new kidney. Tissue typing or histocompatibility testing is one of the many behind the scenes activities involved in the extraordinary process that culminates in the successful transplant. The goals of the laboratory are to rapidly determine the immunologic risk associated with a transplant, precise and efficient communication and the delivery of accurate results. Interestingly, the tissue typing laboratory relies on the coordinated efforts of the dialysis units, the transplant centers and the organ procurement organizations to deliver the results necessary to transplant patients.

Histocompatibility testing involves three main areas: HLA typing, antibody screening and crossmatch testing. HLA typing provides the information for matching a particular recipient with a potential donor. Antibody screening testing tracks the patient's sensitization against antibodies that may be harmful to the transplanted kidney. These antibodies can lead to the rejection of the kidney. It also provides an indication of the likelihood that a particular donor kidney will be compatible with the patient. Finally, the crossmatch test determines that a donor and recipient are compatible. The crossmatch test is always done immediately prior to the organ transplant.

Since the majority of patients with renal disease are on dialysis, the dialysis unit plays a vital role in the entire transplant process, particularly the monthly antibody screening performed on patients on the transplant waiting list. The monthly specimen is required for several reasons. There are immunological constraints, time constraints, geographical constraints and regulatory constraints. A monthly serum specimen allows the laboratory to develop an antibody history or immune profile on each patient. For example, this profile can change when a patient receives a transfusion during dialysis. It also allows the laboratory to meet the time constraints that are inherent in the transplant process where it is important to identify the potential kidney recipients in the shortest amount of time so that kidneys get transplanted as quickly as possible. Finally, the monthly specimen provides the sample that is often used in the crossmatch test done immediately before the transplant. In Maryland transplant patients are geographically spread across the state and can be several hours away from the transplant centers located in Baltimore. By having a monthly specimen in the laboratory, the final testing needed to determine the compatibility of the donor/recipient pair can be accomplished without transporting the patient to the transplant center unnecessarily. Imagine the thrill for a patient receiving a call that a kidney has been identified for them and all they have to do is come to the transplant center because all the preliminary testing has been completed and they are ready for transplant.

All potential transplant recipients waiting on the UNOS List are required to send a monthly serum sample for crossmatch with prospective donors and monthly antibody monitoring. This is where the regulatory constraints are evident. The volume of the monthly sample must be at least 10cc since the sample will be used for multiple testing assays. The sample must be properly labeled with the patient name, unique identifier such as their social security number or date of birth, the date the sample was drawn and the initial of the phlebotomist. If any of these criteria are missing the laboratory is obligated under Federal Regulations and national safety standards to reject the sample.

The tissue typing labs at both transplant centers provide kits for these specimens. These kits include the correct United States Post Office packaging for biological specimens, barcoded labels for the patient's specimen, the required red top tube with no additive and prepaid mailing containers to send the specimens back to the appropriate lab. Once the blood is drawn and place in the packaging, the kit can be dropped in any US post box for delivery to the lab.

Communication between the dialysis units through their transplant liaisons and the tissue typing laboratory decreases the barriers that may keep transplant patients from receiving a desired transplant. The coordination between the dialysis units and the tissue typing laboratory for the monthly serum specimen is just one example of the partnership that exists in Maryland to help patients who are waiting for kidneys while on dialysis.

By: John Hait, MBA,CHS

KIDNEY DISEASE PROGRAM OF MARYLAND

Effective February 4, 2007, ACS State Healthcare Solutions assumed pharmacy claims processing for the Kidney Disease Program of Maryland (KDP). Pharmacy providers who require technical assistance, in regard to KDP's point-of-sale (POS) system, may call 1-800-932-3918. For all pharmacy providers who were unable to attend the live training sessions, a summary sheet and provider manual is available online for anyone to access. The Maryland Medicaid Pharmacy Program website will have a link for the training information at: http://www.dhmh.state.md.us/mma/mpap/.

Effective July 1, 2006, House Bill 697 Passed requiring KDP recipients who receive benefits from Medicare to apply for the Medicare Prescription Drug Program (Medicare Part D) within 60 days of the initial notification from the Department of Health and Mental Hygiene, unless the KDP recipient has another prescription drug plan that is comparable to Medicare's standard prescription drug coverage (creditable coverage).

KDP recipients who enroll in the Medicare Prescription Drug Program will be responsible to pay the monthly premium for the plan selected. KDP will continue to cover the deductible, copays and provide drugs from the KDP formulary during gaps in the Medicare coverage (donut hole).

To obtain personalized help comparing prescription drug coverage

- Visit www.medicare.gov on the web. Select "Compare Medicare Prescription Drug Plans."
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call your State Health Insurance Assistance Program.
- Call the Social Security Administration at 1-800-772-1213

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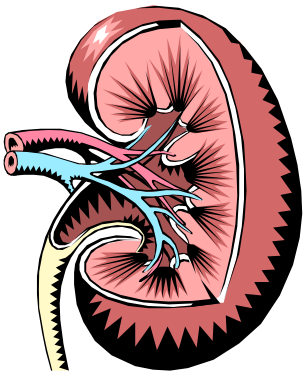

WE ARE ON THE WEB

HTTP://WWW.MDCKD.ORG

IMPROVING PATIENT OUTCOMES: FISTULA FIRST

The Mid-Atlantic Renal Coalition/ Network 5 is collaborating with the Maryland Commission on Kidney Disease, State Survey Agencies, Delmarva, Virginia Health Quality Center, and the West Virginia Medical Institute to improve vascular access outcomes in Maryland, Virginia, West Virginia, and the District of Columbia.

Since April 2004, the percent of Maryland patients dialyzing with an AVF has gone from 27.7% to 39.5% as of November 2006. Between March and October 2006, Maryland moved from 50th to 48th when compared to all 56 U.S. states and territories. It is clear that the providers and staff in Maryland are working on vascular access and the Network commends your efforts!

Now the focus in vascular access is moving beyond fistula rates to include other aspects of vascular access care such as:

- Proportion of accesses by type and surveyors may contact the Network for current rates
- Policies, procedures and processes related to vascular access management, such as referral to surgeon, tracking, monitoring, et cetera
- Plans for replacing catheters
- Patient safety issues in access emergencies such as dislodged needles and access assessment
- Training and educating patients in holding the site and what to do in an access emergency outside of the facility
- Education, training, and ongoing evaluation of staff skill in access assessment and cannulation
- Presenting access options to patients, including risks and benefits of different access types
- Complications of accesses, infection rates and tracking processes

Surveyors may examine vascular access practices in these areas during patient, staff and Medical Director interviews, as well as observations and record review. The Mid-Atlantic Renal Coalition/Network 5 is also focusing on these areas and will conduct the activities and educational opportunities listed below.

- Quality Improvement Projects on Catheter Reduction and Stenosis Monitoring
- Cannulation Workshops with segments on dialysis adequacy, access assessment, complications, monitoring and documentation
- Tool kits, based on the Fistula First Change Concepts, that include the 2006 K-DOQI 2006 Guidelines and information on all aspects of vascular access care such as: staff and patient education, a skill rating system, a protocol for cannulating new AVFs, algorithms for replacing catheters, DVD sets for surgeons, and much more

If you have questions or need additional information about vascular access management, please contact the Network office by phone at 804.794.3757, by fax at 804.794.3793, or by email at marc@nw5.esrd.net.